

<b>Case Number:</b>	CM13-0033498		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	06/06/2011
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50 year old male who was injured in a work-related accident on June 6, 2011, sustaining injury to the knee as well as low back and bilateral lower extremities. He is noted to be status post a recent right unicompartmental arthroplasty in early 2013. A September 9, 2013 followup report indicates the claimant is currently weightbearing, doing well from a mobility point of view but still with continued complaints of chronic pain. Formal clinical imaging results in regards to the claimant's orthopedic complaints are not noted. The current clinical assessment of January 6, 2014 indicated followup of right knee and low back pain, bilateral hip pain, and leg complaints with objective findings showing medial tenderness to the right knee with no documentation of lumbar findings noted. There were recommendations for continuation of multiple medications as well as continuation of a course of physical therapy and aquatic therapy. There is a previous request in this case for purchase of a hospital bed for the claimant's current clinical condition.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **PURCHASE OF DME: HOSPITAL BED: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** When looking at Official Disability Guideline criteria, the role of a hospital bed in this case would not be supported. Current clinical records would not indicate the acute need for a hospital bed or indication for specific sleeping surface. While the Official Disability Guidelines indicate that such sleeping preferences as mattress selection are quite subjective depending upon personal preferences, there is no current individual factor in this case that would support the purchase of the above-mentioned device. The specific request at this stage in the claimant's chronic course of care would not be considered medically necessary and appropriate.